
SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

SPREADING HEALTHCARE INNOVATIONS IN THE NHS: A PRACTICAL TOOL



Supported by

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Spring Impact is a global non-profit dedicated to enabling mission-driven organisations and funders to scale social impact, through consultancy and developing and sharing insight.



The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

INTRODUCTION



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

This practical tool will help you to:

1

Learn about leading the spread of healthcare innovations using a strategic, partnership approach

2

Consider the building blocks that need to be in place for this approach to be successful

3

Before you embark, critically assess whether you and your team are well placed to lead scale-up and adopt the required mindset



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

BACKGROUND TO THE TOOL

Spring Impact has developed this tool to support healthcare innovators to spread impact across the NHS more effectively. The tool is supported by the Health Foundation and draws on learnings from the **Exploring Social Franchising programme**. It is designed for anyone interested in taking a more systematic approach to spreading healthcare innovation.

About the programme

In 2017, the Health Foundation developed the Exploring Social Franchising programme in collaboration with Spring Impact. The programme was set up to explore whether social franchising techniques could help to spread healthcare interventions. From late 2017 to early 2021, the programme supported four teams to spread social innovation across the NHS. This tool draws on specific examples and insights from the programme. See the Appendix for a profile of each team.



PINCER is a pharmacist-led, IT-based intervention to reduce clinically important medication errors in primary care, led by PRIMIS, a team in the School of Medicine at the University of Nottingham.



The PROMPT Maternity Foundation aims to reduce preventable harm to mothers and babies in maternity care by enabling units to implement the PRactical Obstetric Multi-Professional Training intervention (PROMPT).



Pathway is the UK's leading homeless healthcare charity, helping the NHS to create hospital teams to support homeless patients.



IRISi is a specialist domestic violence and abuse training, support and referral programme for general practices, run by the social enterprise IRISi.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

ENABLING THE SPREAD OF INNOVATIONS IS A CRUCIAL CHALLENGE FOR THE NHS

Providers across the NHS, either working individually or in teams, are at the forefront of developing innovations that deliver real improvements to patient outcomes and experience, and to the efficiency of care provided.

Despite the incredible pressure they have been under during the COVID-19 pandemic, teams have continued to find new and innovative ways to make a real difference to the care that people receive. As the UK healthcare system emerges from the height of the crisis into a period of continued uncertainty, ensuring these innovations are effectively, efficiently and equitably adopted across the UK must be part of the solution.

“Failure to adopt and spread the best innovations is leading to missed opportunities to improve care.”

— *Enabling innovation and adoption in health and social care*, CQC and partners, February 2021



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

SPREADING INNOVATIONS IS HARD

However, the reality is that spreading innovation is hard. We can't just rely on the fact that, if something has worked and shown positive outcomes in one place, it will be adopted and achieve the same impact elsewhere.

“... the success of a complex intervention is likely to depend heavily on its context: the underlying systems, culture and circumstances of the environment in which it is implemented.”

— *The spread challenge: How to support the successful uptake of innovations and improvements in health care*, The Health Foundation, September 2018

Adapting a complex intervention to a new context is extremely hard. The common routes to spread such as conferences, research papers and sharing through networks do not go far enough to address this challenge and ensure that adoption is successful.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

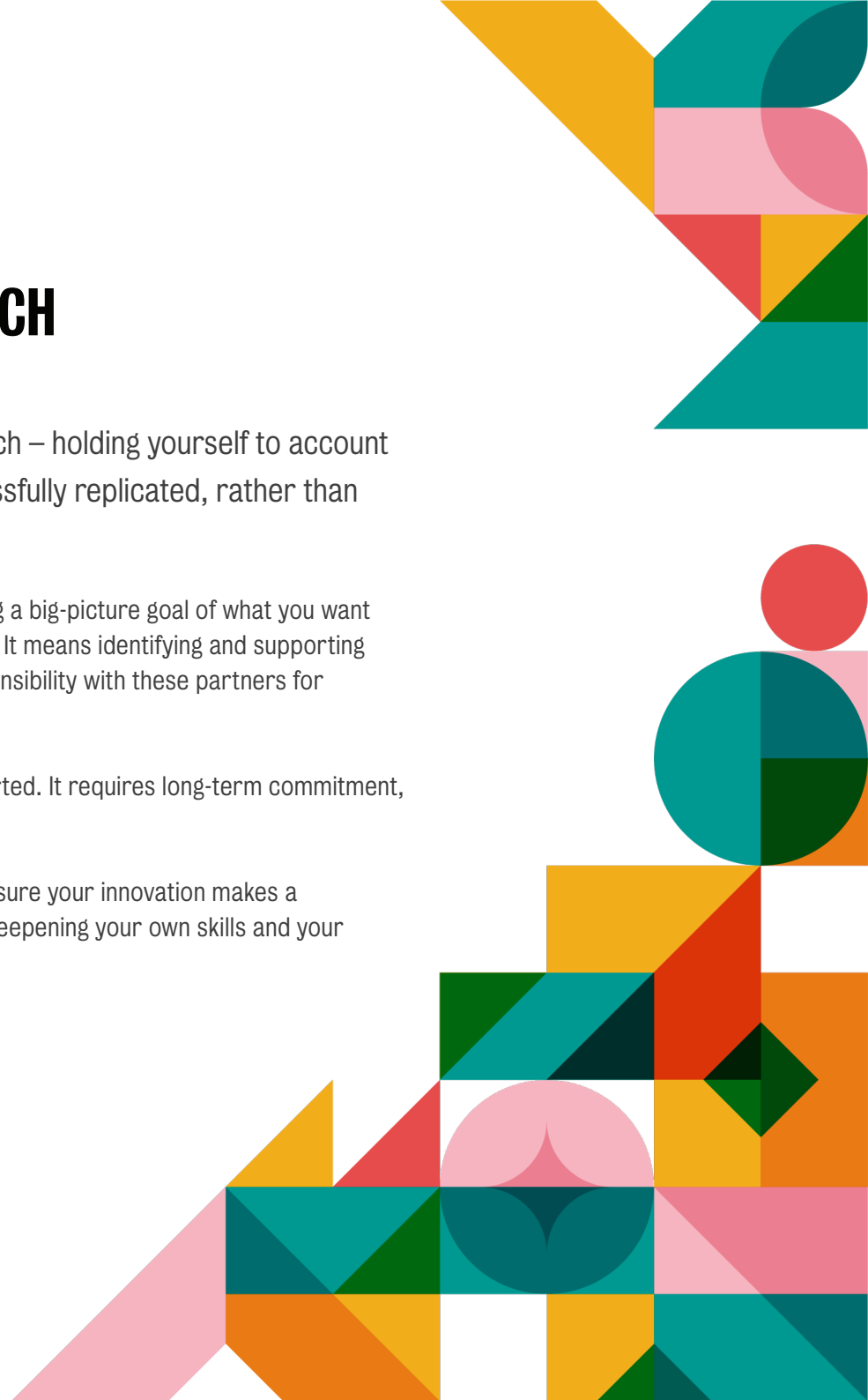
TAKING A DIFFERENT APPROACH

This tool challenges you to take a different approach – holding yourself to account to ensure the impact of your intervention is successfully replicated, rather than leaving it to chance.

This strategic, partnership approach to spread means setting a big-picture goal of what you want to achieve at scale, and taking systematic steps to achieve it. It means identifying and supporting partners to implement your innovation, and taking joint responsibility with these partners for successful implementation and impact.

Embarking on this approach to spread is not for the fainthearted. It requires long-term commitment, strategic thinking and a mindset ready for change.

But if pursued, this approach gives you the opportunity to ensure your innovation makes a real contribution to solving the problem at scale, as well as deepening your own skills and your understanding of the practice of replication.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

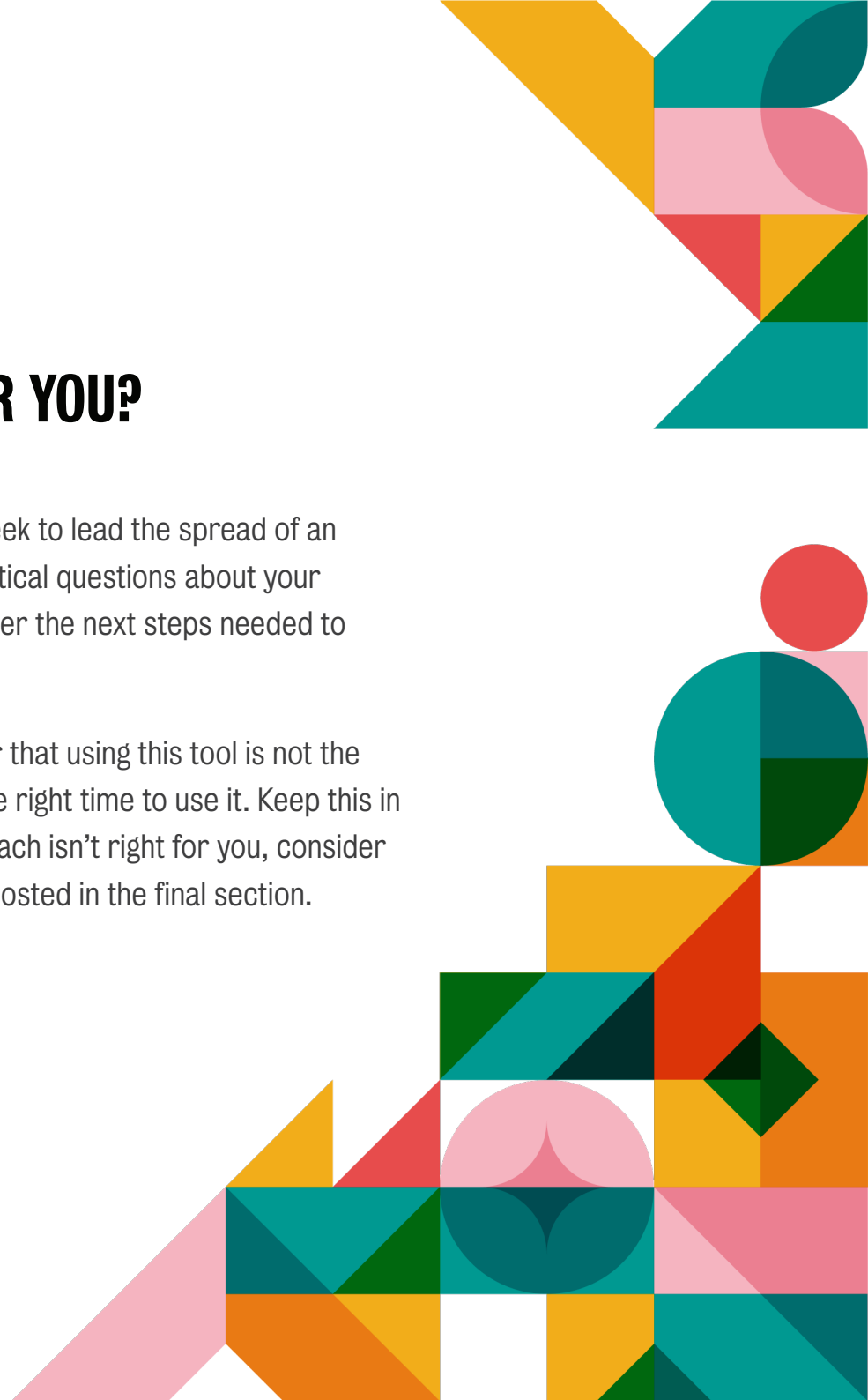
RESOURCES & CONTACTS

APPENDIX

IS THIS APPROACH RIGHT FOR YOU?

This tool has been designed to guide teams who seek to lead the spread of an innovation. It will help you and your team to ask critical questions about your intervention, scaling plans and team; and to consider the next steps needed to prepare for success.

However, asking these questions may also uncover that using this tool is not the right approach for your team; or that this is not the right time to use it. Keep this in mind as you work through the tool and, if its approach isn't right for you, consider reaching out to the other sources of support signposted in the final section.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Reducing prescribing error in primary care

PINCER, one of the teams supported through the Exploring Social Franchising programme, provides a powerful example of how taking a strategic, partnership approach can lead to impact at scale.

Background

PINCER is a pharmacist-led, IT-based intervention to reduce clinically important medication errors in primary care, developed and tested by researchers at the Universities of Nottingham, Manchester and Edinburgh. The intervention involves searching GP clinical systems using computerised prescribing-safety indicators to identify patients at risk from their prescriptions, and then acting to correct the problems with pharmacist support.

Taking a proactive approach to scale

PRIMIS, a team based at the University of Nottingham, sought to scale PINCER to reduce medication errors in primary care across the country. Since 2018, PRIMIS has been working with the 15 Academic Health Science Networks (AHSNs) in England to implement PINCER in their localities, providing support through a model based on the principles of social franchising.

Results so far: replicating impact

As of March 2021, the scale and scope of the national rollout of PINCER has reached:

- 107 participating CCGs (79% of CCGs in England)
- 2,755 GP practices (40% of GP practices in England)
- 214,673 at-risk patients identified (equivalent to 8.14 per 1,000 population)

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

USING THIS TOOL

WHO IS THIS TOOL FOR?

This tool is for any team or organisation seeking to spread a proven healthcare intervention across the NHS, and is specifically applicable for **process innovations, quality improvement and new service models**, rather than new health products. You might be:

- A healthcare team that has piloted a solution in several locations, with proven evidence of impact
- A charity or social enterprise delivering a proven intervention in a few sites
- A business unit of a university or foundation trust looking to scale key innovations across the healthcare system

HOW SHOULD THIS TOOL BE USED?

We recommend using the tool's self-assessment questions and traffic light system to spark discussion and debate within your team. Take the opportunity to be reflective and honest about what stage your team is at. Ensure key decision-makers are involved in the process. You may wish to use an external facilitator to help structure your discussions and thinking.

HOW LONG WILL IT TAKE TO READ?

The tool should be quite quick to read the first time, but is most useful when you as a team take the time to reflect together on the content and questions. You may wish to return to it throughout your scaling journey.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

THE BUILDING BLOCKS OF IMPACT AT SCALE



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

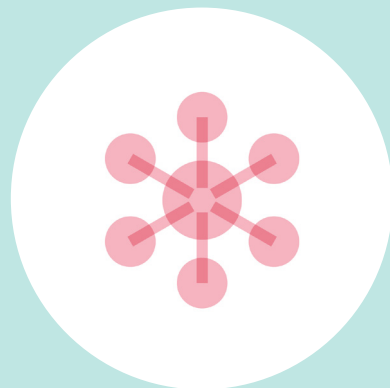
RESOURCES & CONTACTS

APPENDIX

THERE IS NO SINGLE WAY OF SPREADING IMPACT

Every journey to achieving impact at scale is different. The approach that is right for you depends on your intervention and your organisation.

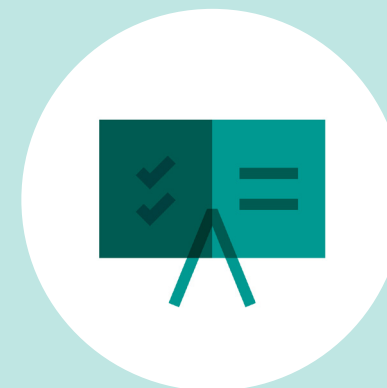
DIFFERENT EXAMPLES OF LEADING SPREAD



Replicating intervention across the country. Maintaining support relationships with those implementing the intervention locally.



Spreading to new locations to build evidence base. Influencing government policy change so as to mandate wider implementation of the approach.



Providing nationwide training that is sufficient for other locations to effectively implement your solution.

Whichever approach is right for you, this section of the tool outlines the building blocks required to effectively spread impact in the NHS.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

THE BUILDING BLOCKS OF IMPACT AT SCALE

- The **building blocks of impact at scale** are the different factors required to successfully spread the impact of a healthcare innovation in the NHS, using a strategic, partnership approach.
- The following pages will explain what is needed for each block to be successful, using examples and insights from the teams who took part in the Exploring Social Franchising programme.
- Each block includes a list of self-assessment questions and a traffic light system. Working with your team, you can use these to assess your current situation against these building blocks, identifying areas where further action may be needed.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

USING THE TRAFFIC LIGHT SYSTEM

Consider these
key questions:

Reflect on the self-assessment questions as a team

Rating:



**“We are lacking
many or all of the key
components of this
building block.”**



**“We have some
but lack other
components of this
building block.”**



**“We have all
components of this
building block needed
for successful impact.”**



There is a self-assessment at the end of each block, and a summary page at the end of the section.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

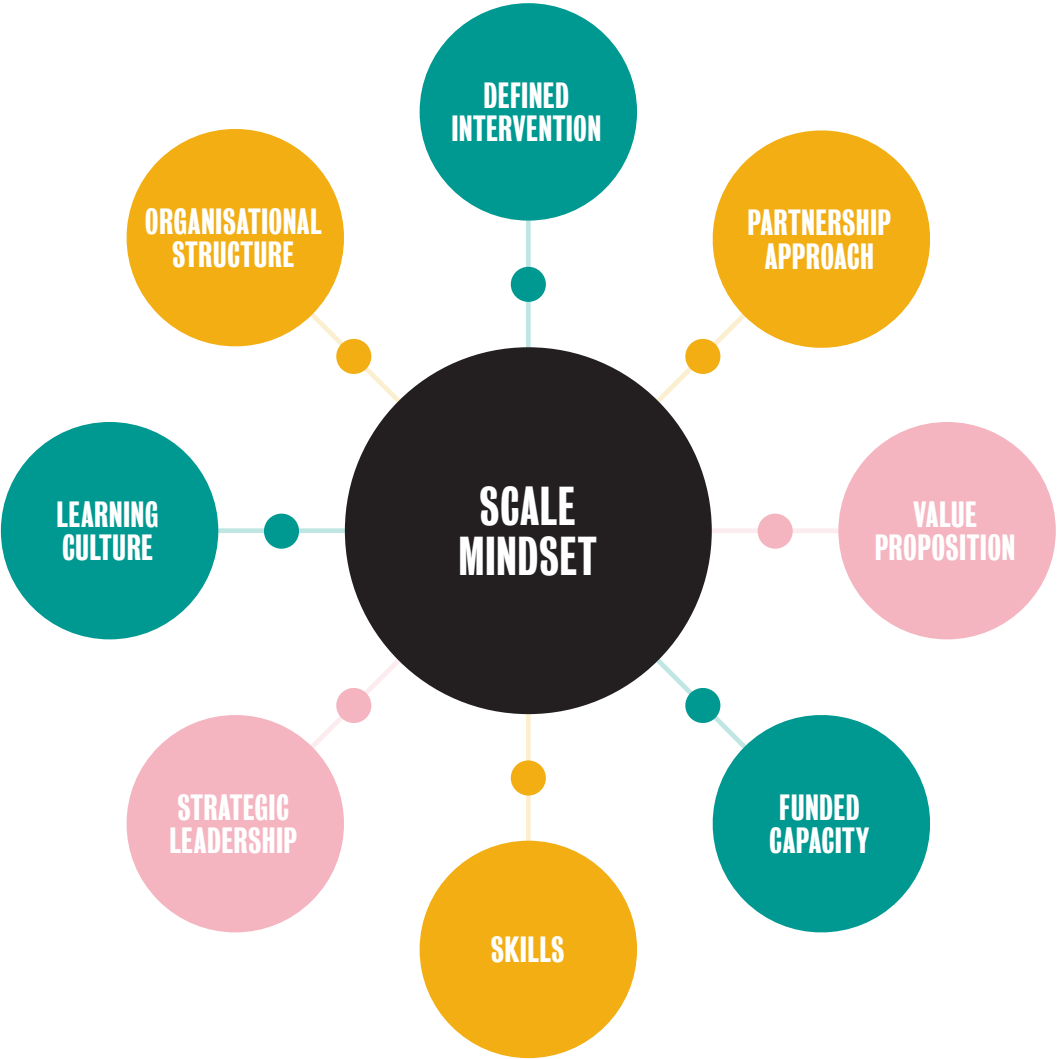
OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

THE BUILDING BLOCKS OF IMPACT AT SCALE

A **scale mindset**, that underpins the assets, resources and strategy of your team, is critical to spreading impact successfully.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

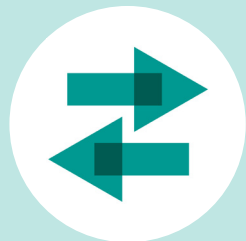
OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

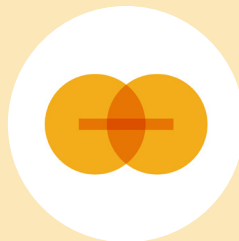
THE BUILDING BLOCKS OF IMPACT AT SCALE

DEFINED INTERVENTION



Refined, clearly communicated intervention that leads to the intended change.

PARTNERSHIP APPROACH



Structured partnerships with capable local implementers, built upon clear expectations and shared accountability for implementation and impact.

VALUE PROPOSITION



A compelling case for adoption, driven by both evidence and story, and tailored to the specific needs of each essential stakeholder.

FUNDED CAPACITY



Sufficient funded capacity for both innovator and local implementer.

SKILLS



Understanding of, and access to, the skills needed for the scaling journey.

STRATEGIC LEADERSHIP



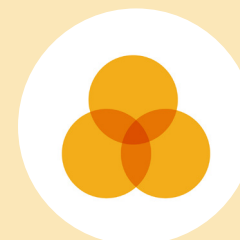
Leadership that understands scale, can set a clear vision, and can guide the organisation through the required change.

LEARNING CULTURE



Processes and behaviours amongst the innovator team that enable continuous learning and iteration.

ORGANISATIONAL STRUCTURE



Clearly defined roles and responsibilities, and a legal structure that enables formal partnerships.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- **Scale Mindset**
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

SCALE MINDSET

A **scale mindset**, that underpins the assets, resources and strategy of your team, is critical to spreading impact successfully.

LONG-TERM COMMITMENT

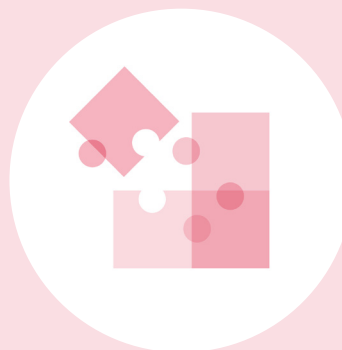


Spreading healthcare innovations is long-term work:

- There are often multiple phases to rolling out your intervention
- New partnerships take time to set up
- Your intervention won't create impact immediately

Your leadership needs to be deeply committed to spreading your work, even it takes time to see results.

PROBLEM OVER SOLUTION

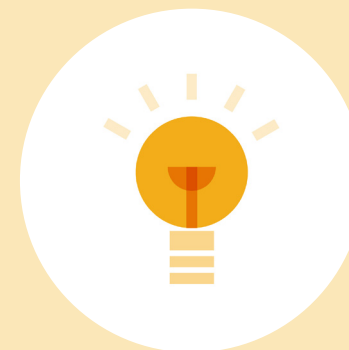


By committing to solving the problem, you're prioritising improved health outcomes over the success of your particular intervention.

That could mean:

- You're willing to adapt your intervention if you learn that it doesn't work in certain contexts; or if those contexts change over time.
- You're open to working with others to find the best solutions.

LEARNING MINDSET



Spreading interventions in the NHS is a steep learning curve, as you learn what it takes to adapt your innovation to new contexts. It is essential to not just be open to learning, but to expect that you will have to adapt and continually iterate your approach to successfully spread your impact.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- **Scale Mindset**
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Successful spread takes time

The PROMPT Maternity Foundation (PMF) team have been working to spread the impact of the PROMPT intervention for more than 10 years, and still have significant work ahead of them to ensure maternity units around the UK can benefit from the approach.

A key shift to PMF’s ‘Train the Trainer’ (T3) approach, following the Exploring Social Franchising programme, is to focus on forming long-term partnerships with units, which more effectively enables partners to implement PROMPT than PMF’s previous T3 model. However, it is also more costly and labour-intensive, and shows how significant time is required to create behaviour change in a maternity unit.



Commitment to the problem over the solution

“Prior to the programme we talked a lot about the fidelity of local implementation and measured our progress through metrics like amount of training delivered.

Now we have learnt to focus on the impact of the problem and the difference in GP behaviour and referral numbers. This has changed the strategic focus of our decision-making, for example, focusing on how to create sustainable behaviour change rather than how to roll out more training.”

– Lucy Downes, Project Lead: Social Franchising, IRISi

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- **Scale Mindset**
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

Consider these key questions:

- ☐ Are you committed to scale for the long term?
- ☐ Do you see scaling as the sustained focus of your team/role/organisation, rather than a one-off project?
- ☐ Are you committed to the problem over the solution?
- ☐ Is the improvement of health outcomes more important to you than the increased reach and profile of your intervention/organisation?
- ☐ Are you open to dramatically changing your innovation if there are clear indications that this would create better outcomes?

Rating:



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- **Defined Intervention**
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



DEFINED INTERVENTION: WHAT IS REQUIRED FOR SUCCESS?

YOU NEED TO BE ABLE TO...

1

Understand and articulate the **specific change** you are helping partners to achieve

Honing in on the specific change you're helping partners to achieve helps you to identify the elements of your intervention that drive this change. It will ensure that partners are implementing the 'elements that matter', but also adapting where necessary to respond to local systems and culture. This focus and openness to adaptation increase the likelihood of replicating the same impact whilst making the most efficient use of scarce local resources.

2

Understand precisely the **core elements of your intervention** that must be implemented in a new location to create this change, and what **adaptations** can be made locally

3

Effectively communicate your intervention to partners

Packaging your intervention by using clear, practical communication gives implementers confidence in their own likelihood of success, and avoids giving them the burden of piecing together your intervention via observations and research studies.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- **Defined Intervention**
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

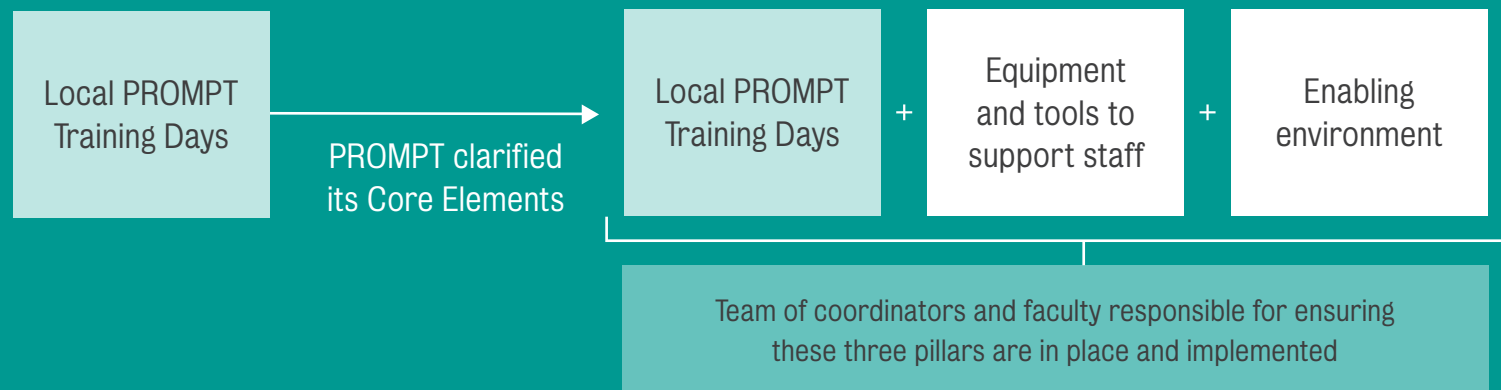


Clarifying the 'core' of the intervention

The PROMPT team's previous T3 model used a 'Train the Trainer' approach focused on enabling maternity units to localise and implement local PROMPT training days, but this did not lead to authentic replication in all units.

Through the Exploring Social Franchising programme, the PROMPT team recognised that the specific change they are trying to create relates to the overall behaviour of maternity teams. To achieve this change, local teams need to have the right equipment, tools and enabling culture as well as local PROMPT training days. For example, this means introducing management algorithms and emergency boxes in clinical areas, and ensuring that staff from all disciplines are released to attend training in order to build team ethos and confidence together.

Clarifying all the core elements of the PROMPT intervention helped to achieve more authentic implementation at each site, resulting in improvements to outcomes.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- **Defined Intervention**
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

Consider these key questions:

- ☐ Do you understand and clearly articulate the specific change your intervention creates?
- ☐ Do you understand the minimum core elements of the intervention required to achieve the intended impact?
- ☐ Is this clearly communicated to partners in a packaged, consumable format, putting minimal burden on them to 'find out' or translate the original intervention to their locality?
- ☐ Do you understand and clearly communicate where the intervention should be adapted locally, helping empower partners to meet their needs locally whilst retaining the elements of the intervention needed for impact?
- ☐ Has your understanding of the intervention – including what is essential and adaptable – developed over time, based on the input of partners, practical experience and changing circumstances?

Rating:



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- **Partnership Approach**
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



PARTNERSHIP APPROACH: WHAT IS REQUIRED FOR SUCCESS?

YOU NEED TO...

1

Know the **type of partners and stakeholders** you need to engage, who have the required motivation and capabilities to implement your intervention

Forming effective partnerships is critical to successfully scaling impact in the NHS, as you will likely be reliant on others to implement your intervention locally. Finding the right partners is an essential first step – those who lack sufficient motivation or capability will require far more support, draining your precious resources; and ultimately may mean implementers fail to achieve positive change. The ‘right’ partner will change over time. For example, when first replicating your innovation, you will be more reliant on a partner’s commitment and enthusiasm to successfully apply your intervention to a new context, and provide the feedback to drive ongoing learning and development.

2

Build strong relationships and buy-in at **different levels of the partner organisation**

Building relationships at either just an operational or executive level is not enough. You need relationships with senior stakeholders to unlock resources and create accountability; but also the support, trust and buy-in from partner operational teams who will actually be delivering your intervention.

3

Provide support that **enables partners to create and sustain the same impact**

Clear expectations are critical to eliminate confusion and missed opportunities. Only by providing sufficient support can you ensure partners are able to replicate the same impact. Just reading your documents is not enough – partners will need your specific technical knowledge and practical experience of implementing the intervention, such as how to navigate complex NHS structures.

4

Establish **clear expectations** of each stakeholder’s role

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- **Partnership Approach**
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Implementation support

Local implementation of the PROMPT intervention relies on navigating internal structures and effective planning. The PROMPT team provides hands-on support to enable local partners to overcome these challenges, including:

- Advising local staff on the importance of local buy-in and support for the PROMPT intervention, e.g. agreement to release all staff to attend the training
- Facilitating planning meetings, using their experience to support local teams



Selecting the right partners

In its initial phase of growth, the IRIS team worked with any partner that approached them, leading to a heavy drain on IRISi's support from a small number of less capable partners.

Through the Exploring Social Franchising programme, the IRIS team developed a robust recruitment process, including identifying essential criteria that all partners must satisfy, such as being a specialist DVA organisation.

By ensuring they are working with implementers who have the right motivation and skills, the IRIS team are able to make best use of their resources and help potential partners identify what is needed for success.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- **Partnership Approach**
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

Consider these key questions:

- ☐ Have you defined the type of capabilities and motivation that your partners need to have? Are these informed by your stage of development and expectations of partners at this point?
- ☐ Do your partners meet these criteria?
- ☐ Do you establish relationships at different levels of the partner organisation, and tailor your support to stakeholders' different needs?
- ☐ Do your partners clearly understand and accept what they're expected to do locally?
- ☐ Do you use a combination of different approaches that support partners to implement your intervention (e.g. resources, training, coaching)?
- ☐ Do you support partners to navigate the practical challenges of implementation, such as identifying the stakeholders who need to sign off on a new approach locally?
- ☐ Is the support you offer sufficient to enable partners to sustainably implement your intervention, and replicate the intended level of impact?

Rating:

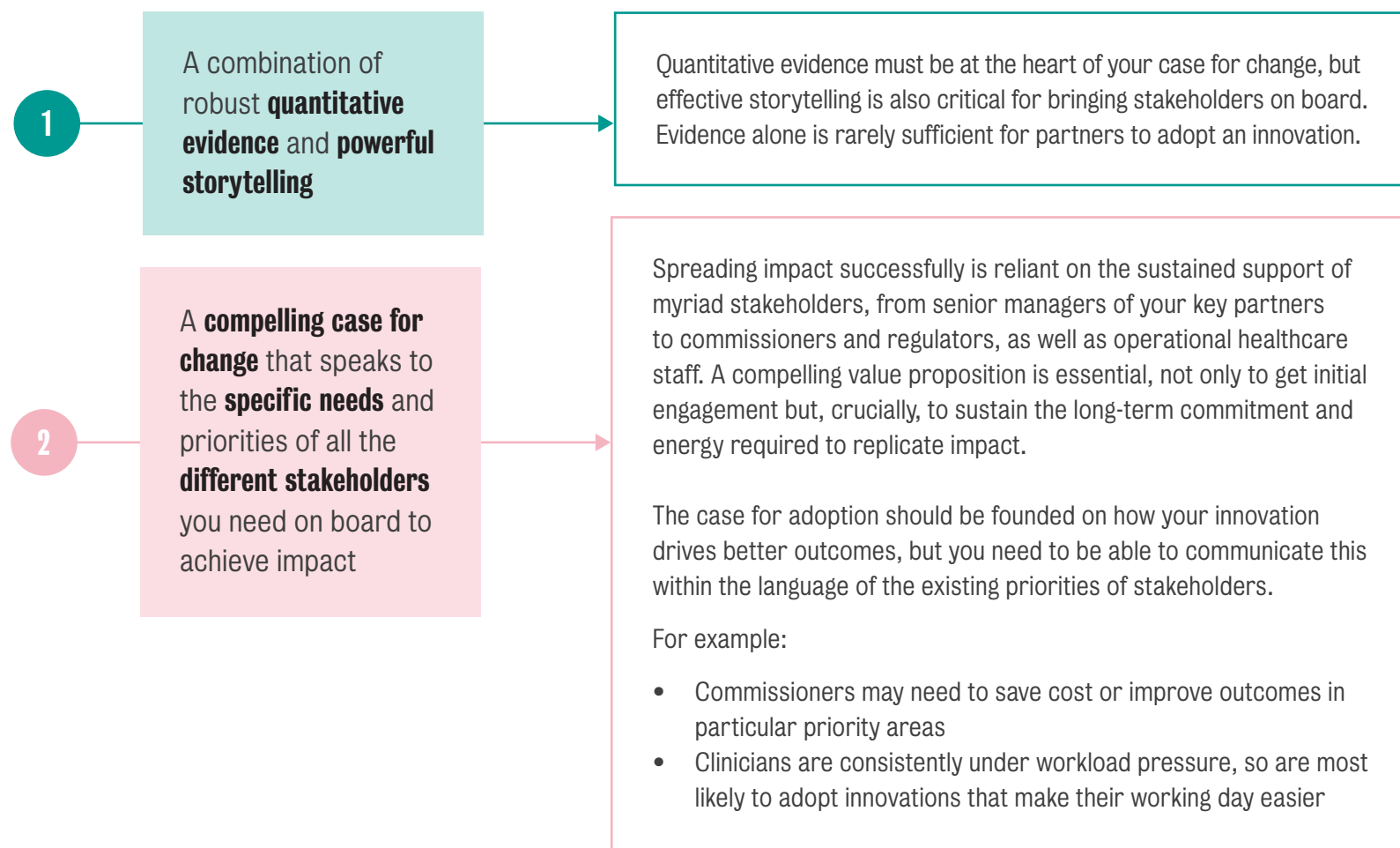


SPREADING HEALTHCARE INNOVATIONS IN THE NHS



VALUE PROPOSITION: WHAT IS REQUIRED FOR SUCCESS?

YOU NEED TO HAVE...



INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- **Value Proposition**
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- **Value Proposition**
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Highlighting local prevalence of the issue

The health needs of homeless people are often not prioritised, in some cases due to a lack of awareness of the scale of need.

Therefore, Pathway focuses on drawing attention of local authorities and commissioners to the issue, via initiatives such as conducting local needs assessments estimating the size of unmet need, or spotlighting cases in local media.

These tactics help Pathway to persuade local authorities of the pressing case for investment in a local homeless healthcare team.



Tailoring to the needs of different stakeholders

Successful implementation of PROMPT is dependent on a range of different stakeholders with varied needs. The PMF team tailors their case to each audience, e.g.:

- **Business managers** – highlighting how PROMPT drives improvements in care and cost-savings from reductions in litigation
- **Practice Development Midwives** – highlighting the planning support PMF will provide, and how the PROMPT intervention will help them achieve their training targets for the year

This helps the PMF team build the coalition of support required for effective local implementation.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- **Value Proposition**
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

Consider these key questions:

- ☐ Do you have a clear understanding of the different stakeholders whose support will be needed for local implementation?
- ☐ Do you have a compelling value proposition that speaks to why these stakeholders should support the intervention, and that is tailored to their specific needs and priorities?
- ☐ Is the value proposition sustainable – i.e. is it sufficient to maintain partners' commitment and energy over the long term?
- ☐ How strong is the quantitative evidence that underpins your value proposition, and will it be sufficient to persuade the necessary stakeholders?
- ☐ Are you able to effectively tell a clear, compelling story for why a partner should support your work, and does this story complement your evidence base?

Rating:



SPREADING HEALTHCARE INNOVATIONS IN THE NHS



FUNDED CAPACITY: WHAT IS REQUIRED FOR SUCCESS?

SUFFICIENT FUNDED CAPACITY FOR BOTH INNOVATOR AND LOCAL IMPLEMENTER

INTRODUCTION

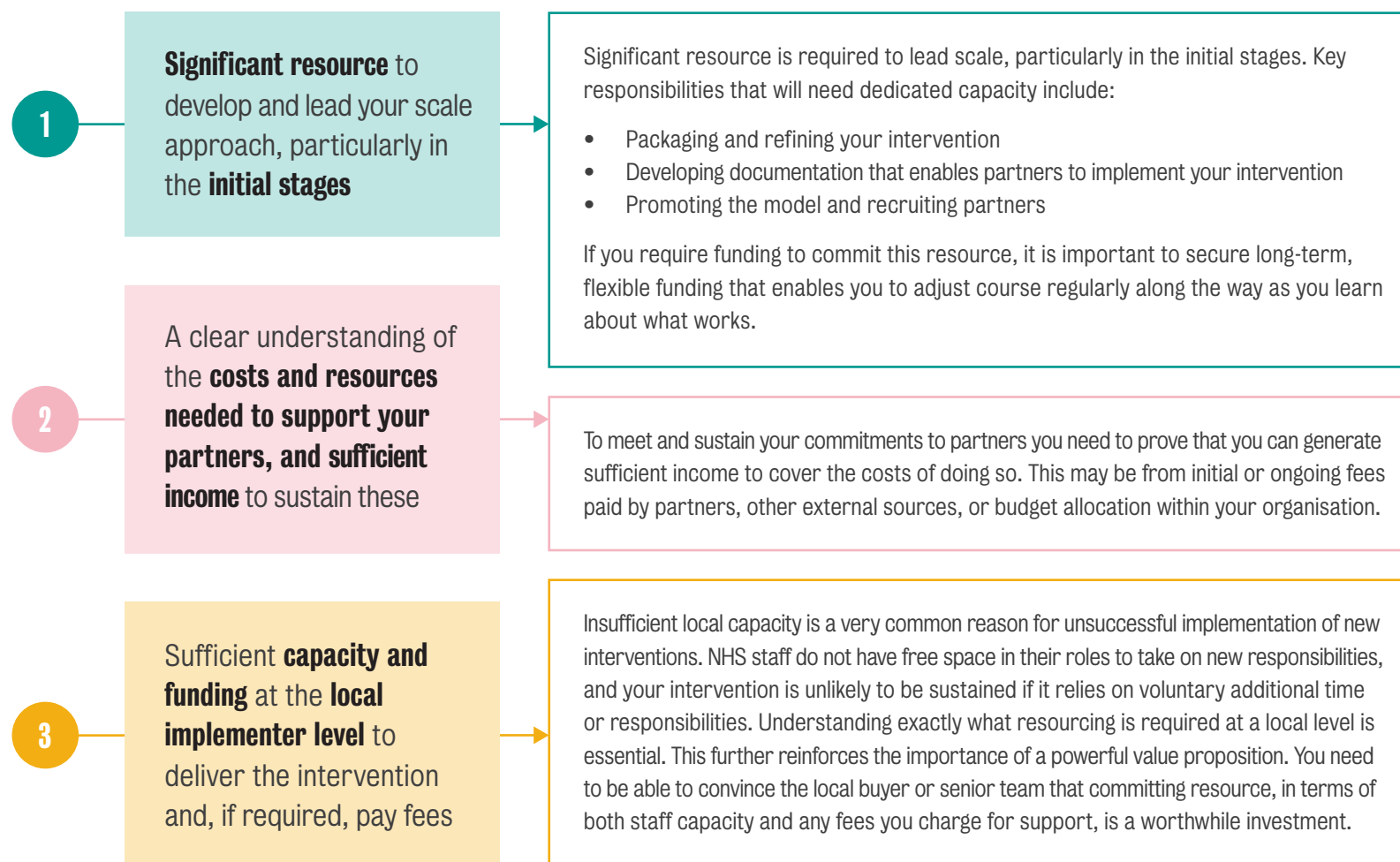
THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- **Funded Capacity**
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- **Funded Capacity**
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Capacity to lead spread

Each of the teams in the Exploring Social Franchising programme needed to dedicate significant capacity to packaging their interventions, developing systems required for replication, and building relationships with partners.

Each of the teams highlighted the importance of this time investment in enabling them to take a systematic approach to spreading their innovations, which led to clear expectations with partners and, ultimately, more authentic replication.



Clarifying the local capacity required

A common problem in PMF's previous attempts to scale was local maternity units not committing sufficient resources to implement PROMPT.

In delivering the Partnership Programme, the PMF team clearly specified the capacity required, and only partnered with units that signed an agreement outlining that their maternity team would have sufficient time and resources to implement the model.

This enabled units to plan and implement the PROMPT intervention successfully.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- **Funded Capacity**
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

Consider these key questions:

- ☐ Does your team have a clear project owner leading the scale process? Do they have sufficient time and resources to lead successfully?
- ☐ If you are scaling for the first time, do you have sufficient funded resource internally to take steps to prepare for scale?
- ☐ If funding is required, does this funding give you sufficient time and freedom to adjust your approach to scaling over time as you learn more about what works, rather than restricting you to a set approach? If not, is it possible to renegotiate this funding to enable greater flexibility?
- ☐ Do you help implementers calculate the time and resources they need to implement your intervention locally?
- ☐ Do you understand the fixed and incremental costs of supporting your partners? (For example, fixed costs may be the publication of an operations manual, whereas incremental costs may be six days of a trainer's time per partner.)
- ☐ Are you clear on how you will bring in income to sustain your delivery? If it's through fees from partners, have you modelled how much you need to charge and how many partners you need for financial sustainability?
- ☐ Are you confident that your fee level is acceptable to partners?
- ☐ Can you help implementers make a convincing business case to secure local resources? Do you have prior evidence of success that you can build on?

Rating:



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- **Skills**
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

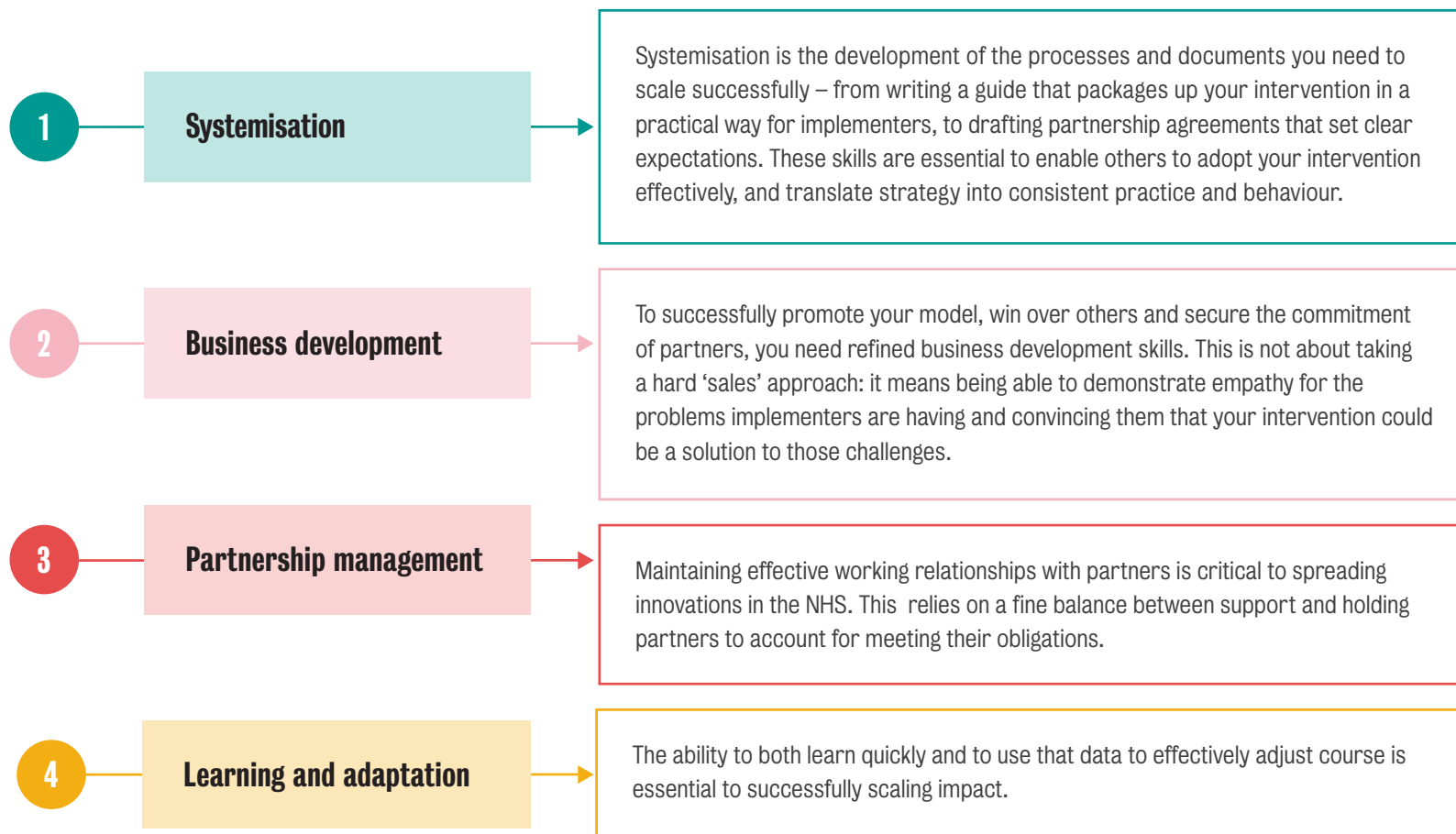
RESOURCES & CONTACTS

APPENDIX



SKILLS: WHAT IS REQUIRED FOR SUCCESS?

The skills required to lead spread will be specific to you, your intervention and your approach to spread, but are often quite different to the clinical or management skills that were needed to develop the original intervention. Identifying and addressing relevant skill gaps will be a critical factor for leading spread.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- **Skills**
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Building relationships

The PMF team's previous approach to spread, a 'Train the Trainer' model, did not require the team to form long-term relationships with partners.

Forming effective long-term partnerships is an essential element of PMF's new way of working, and has enabled them to develop new skills in partner and relationship management.

These skills have included setting clear expectations of responsibilities for both maternity units and the PMF team. This has enabled PMF to build the confidence and capability of local teams.



Systemising the intervention

During prior scaling efforts, the IRIS team lacked the time to sit down and fully document their intervention, contributing to issues with fidelity of implementation.

Through the Exploring Social Franchising programme, the team were able to codify the intervention and develop the systems needed for partner recruitment and quality assurance.

This required a new, more systematic approach, which was a learning experience for the IRIS team, but was essential in enabling them to better empower local partners to deliver the model independently.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- **Skills**
- Learning Culture
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

Consider these key questions:

- ☐ Have you identified the specific skills you require to lead the spread of your intervention successfully, and assessed where your gaps are?
- ☐ How do you plan to address the skill gaps you have, both as individuals and as a team?
- ☐ How, both as individuals and as a team, do you continually build and develop the skills required to lead the spread of your intervention?

Are you able to draw on the following key skills, either within your existing team or through external resources:

- ☐ Systemisation?
- ☐ Business development?
- ☐ Partnership management?
- ☐ Learning and adaptation?

Rating:



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- **Learning Culture**
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

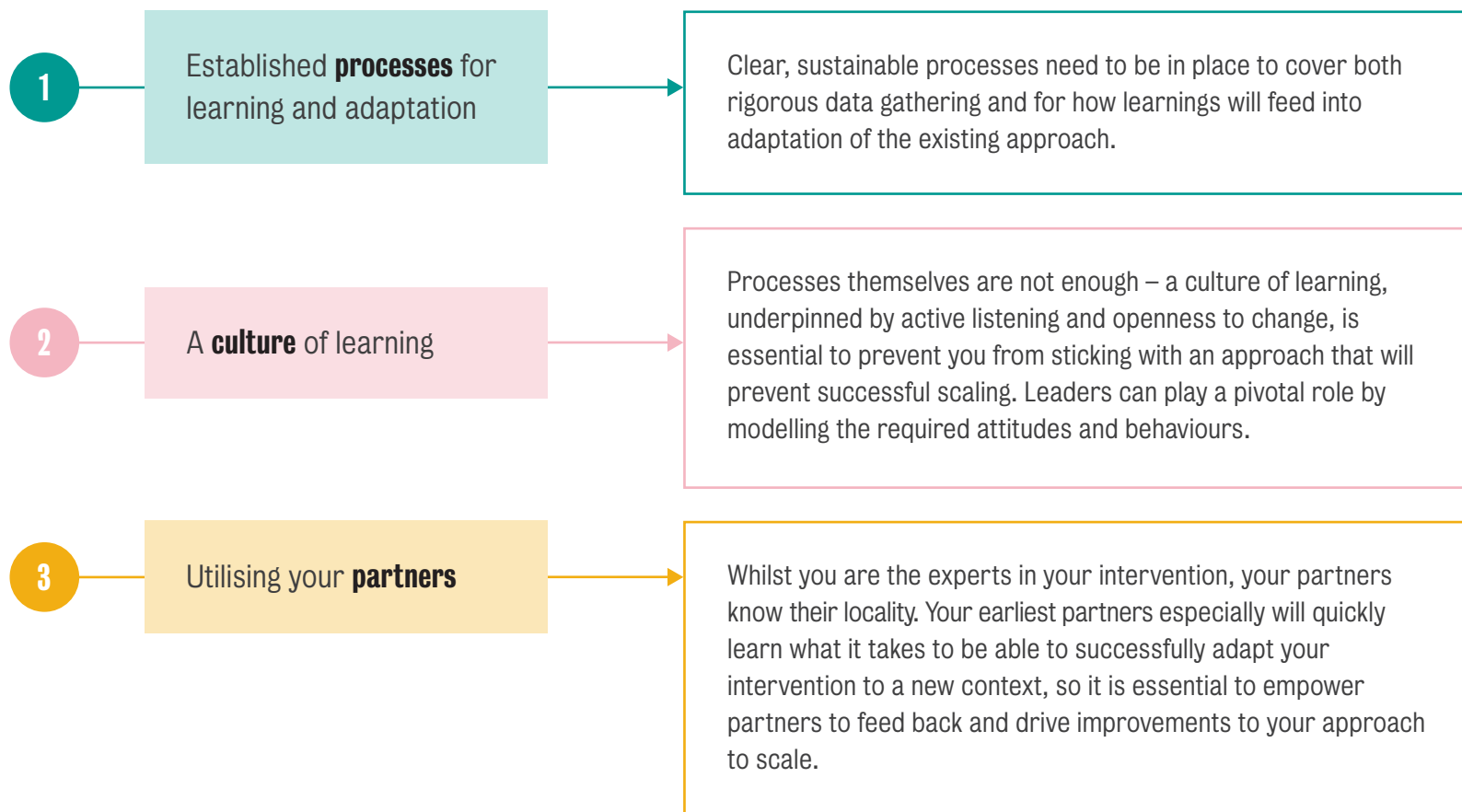
RESOURCES & CONTACTS

APPENDIX



LEARNING CULTURE: WHAT IS REQUIRED FOR SUCCESS?

Learning quickly and adapting your approach accordingly is essential to successfully scaling your impact, especially in the early phases.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- **Learning Culture**
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Adapting support offer

Following the pilot of the Partnership Programme with five partners, and after capturing feedback through interviews and surveys, the PMF team were able to conclude that they could offer a ‘slimmed down’ version of their support offer, delivering only the core elements that added value to partners.

This systematic approach to both capturing feedback and having the flexibility to change their model will help in ensuring PMF’s offer is financially sustainable and of value to their partners.



Establishing processes to create space for learning

“For us, one of the most important changes has been building the learning and review ‘muscle’.

We realised that to ensure that we were learning from our initial efforts and changing our approach, we needed to build time into our plans to systematically capture the learnings and discuss as a team how to respond.”

– Lucy Downes, Project Lead: Social Franchising, IRISi

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- **Learning Culture**
- Organisational Structure
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

Consider these key questions:

☐ Can you point to substantial examples of how your thinking or approach has changed following learning from experience?

Do you have clear, sustainable processes in place for both:

☐ Capturing learning?

☐ Deciding how to respond to learnings and adapt approaches accordingly?

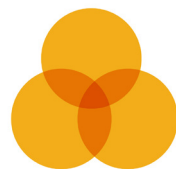
☐ Do you have a culture of learning within your organisation/team (e.g. is there openness to change, and do leaders role-model learning from mistakes and adapting?)

☐ Do your partners have a substantive role in driving improvements to your approach to scale?

Rating:



SPREADING HEALTHCARE INNOVATIONS IN THE NHS



ORGANISATIONAL STRUCTURE: WHAT IS REQUIRED FOR SUCCESS?

YOU NEED TO HAVE...

1

Clearly defined **roles and responsibilities** within your team, with **delegated authority** between roles

During the development of your intervention you may have worked closely as a team, with all decisions jointly made. As you scale you will need to structure how you work together, ensuring individuals have authority to drive the scaling process forwards, avoiding 'sign off by committee'.

2

Agreed, **efficient** ways of working

Agreed ways of working will help you work efficiently and effectively as a team. This may be about 'professionalising' the way you work – by establishing a pattern of regular meetings, for example. Local implementers will also look to your team for guidance, so you should think about whether you are role-modelling the culture and ways of working you would like local implementers to adopt.

3

An **organisational entity** that enables formalised partnerships

You need to ensure you are operating from within an organisational entity that enables you to set up and maintain partnerships. Areas to consider include whether you have the authority to sign partnership agreements or contracts with local implementers, and whether you are able to receive fees that are channelled towards your ongoing running of the intervention. You may need to register as a separate entity to do this, or you may decide to 'spin out' and set up a new organisation.

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- **Organisational Structure**
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- **Organisational Structure**
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Defining clear roles and responsibilities

Prior to the Exploring Social Franchising programme, the PMF team often made decisions regarding scale-up as a team, adopting an ‘all hands on deck’ approach, with individuals helping out to get things done around their busy clinical roles.

Through the programme the PMF team recruited new positions and set clearer boundaries between the roles of each individual, including considering cost-efficiency when determining how to allocate tasks. Through regular, structured meetings to keep each other updated on progress, these changes enabled the team to work more efficiently and effectively, but without losing the non-hierarchical dynamic of their work together.



Considering the implications of signing contracts with other organisations

The PINCER team faced a number of challenges in signing contracts with AHSNs, their scale-up partners. As a business unit at the University of Nottingham, the PRIMIS team, needed to consult with a range of stakeholders when defining contract terms, including the wider university. Those AHSNs hosted within another organisation faced difficulty signing contracts without higher-level approval.

Due to these constraints, PRIMIS decided to formalise the partnership with AHSNs through a stripped-back Framework Services Agreement and Memorandum of Understanding, rather than the legal, franchise-style agreement they originally intended.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- **Organisational Structure**
- Strategic Leadership
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

Consider these key questions:

- ☐ Has your team clearly defined roles and responsibilities between different individuals, and agreed decision-making processes for areas of overlap?
- ☐ Are roles and responsibilities clearly defined to the extent that other individuals may be able to play them in the future, rather than relying on tacit understanding between members of your existing team?
- ☐ Have you given external stakeholders clear information on who is responsible for certain matters, and ensured a clear point of contact for local implementers?
- ☐ Are you working as a team in a way that enables you to progress towards your overall objectives, rather than in reactive, firefighting mode?
- ☐ Does your team have the authority and organisational structure to be able to sign independent contacts or agreements with local partners as needed? If others would need to be involved in sign-off, are you confident this will not pose a barrier to your proposed arrangements?
- ☐ If required, does the organisational entity you are operating as allow you to collect fees and channel them back directly to support the intervention scale-up, rather than being absorbed into overall organisation or hospital budgets?

Rating:



SPREADING HEALTHCARE INNOVATIONS IN THE NHS



STRATEGIC LEADERSHIP: WHAT IS REQUIRED FOR SUCCESS?

INTRODUCTION

THE BUILDING BLOCKS

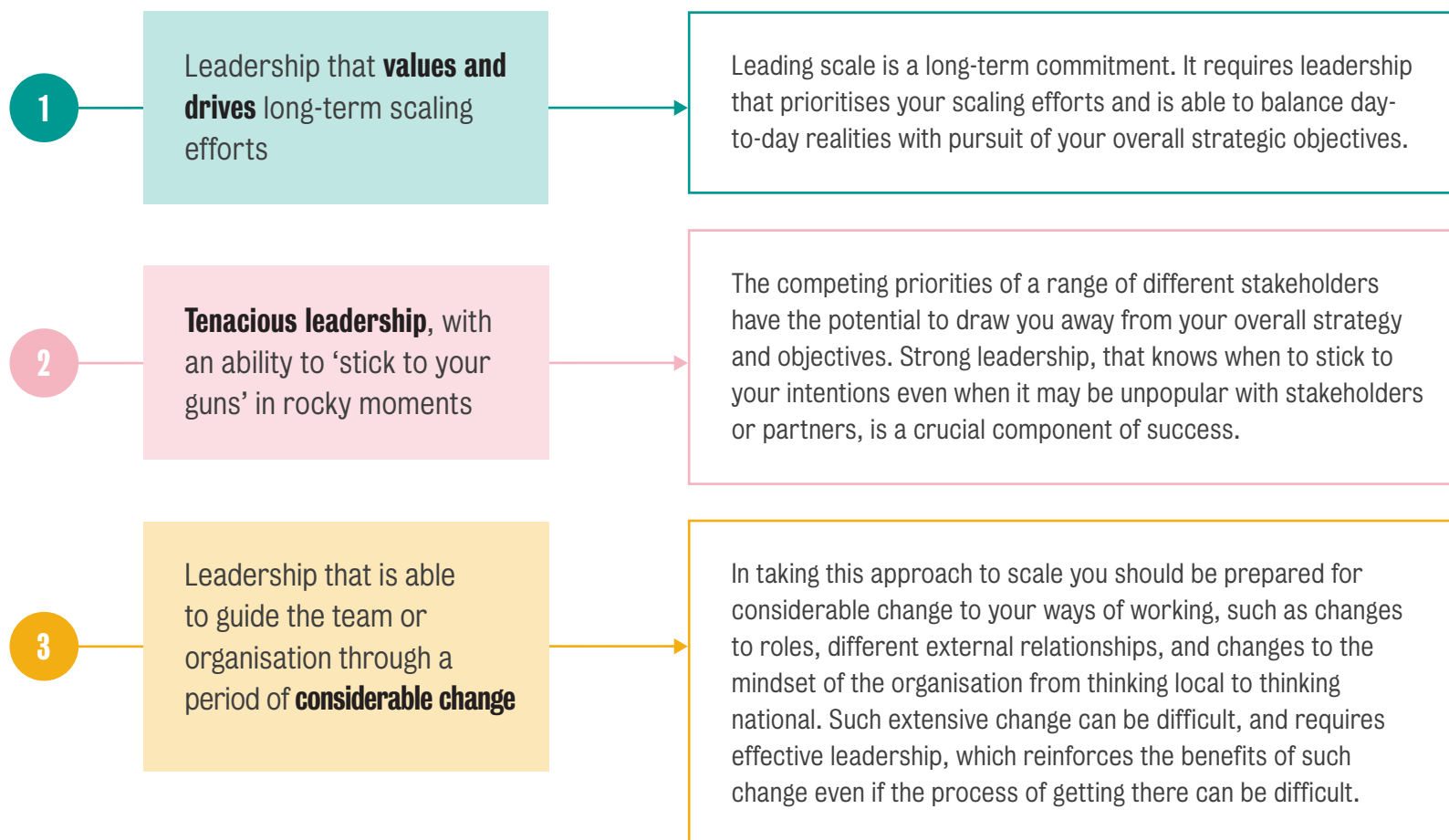
- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- **Strategic Leadership**
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

YOU NEED TO HAVE...



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- **Strategic Leadership**
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX



Sticking to their guns

The PINCER team often found that individual AHSNs, their scale-up partners, would want to remove an aspect of the intervention or make other changes that could threaten the success of local implementation.

In these conversations, **PRIMIS Managing Director Kerry Oliver** was able to remain unmoved on the essential elements that the team knew had to be implemented, ensuring that the intervention would achieve impact locally. This demonstrates how strong leadership is essential to spreading the impact of an intervention.



Effective change management

At the start of the Exploring Social Franchising programme, IRISi was a new organisation still establishing itself. To adopt the social franchise model, it has had to implement robust processes and many changes to ways of working.

Effective leadership from **IRISi CEO Medina Johnson** has been critical in managing this change. Medina has been able to outline a clear vision for the organisation's direction, and is continually focused on the rationale for change – i.e. to drive deeper impact.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- **Strategic Leadership**
- Your Summary

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

Consider these key questions:

Do the senior leaders of your organisation or team:

- ☐ Understand and support what you're trying to achieve?
- ☐ Understand the implications of scaling for the organisation/team?
- ☐ See scaling impact as a priority?
- ☐ Is your leadership able to project a clear vision for success?
- ☐ Do you have tenacious leadership, with the ability to 'stick to their guns' in rocky moments?
- ☐ Is your leadership able to manage significant organisational change effectively?

Rating:



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

- Introduction
- Scale Mindset
- Defined Intervention
- Partnership Approach
- Value Proposition
- Funded Capacity
- Skills
- Learning Culture
- Organisational Structure
- Strategic Leadership
- **Your Summary**

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

YOUR SUMMARY

BUILDING BLOCK	YOUR RATING		
Scale Mindset	☐ 	☐ 	☐ 
Defined Intervention	☐ 	☐ 	☐ 
Partnership Approach	☐ 	☐ 	☐ 
Value Proposition	☐ 	☐ 	☐ 
Funded Capacity	☐ 	☐ 	☐ 
Skills	☐ 	☐ 	☐ 
Learning Culture	☐ 	☐ 	☐ 
Organisational Structure	☐ 	☐ 	☐ 
Strategic Leadership	☐ 	☐ 	☐ 

**SPREADING
HEALTHCARE
INNOVATIONS
IN THE NHS**

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

IS THIS APPROACH RIGHT FOR YOU?



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

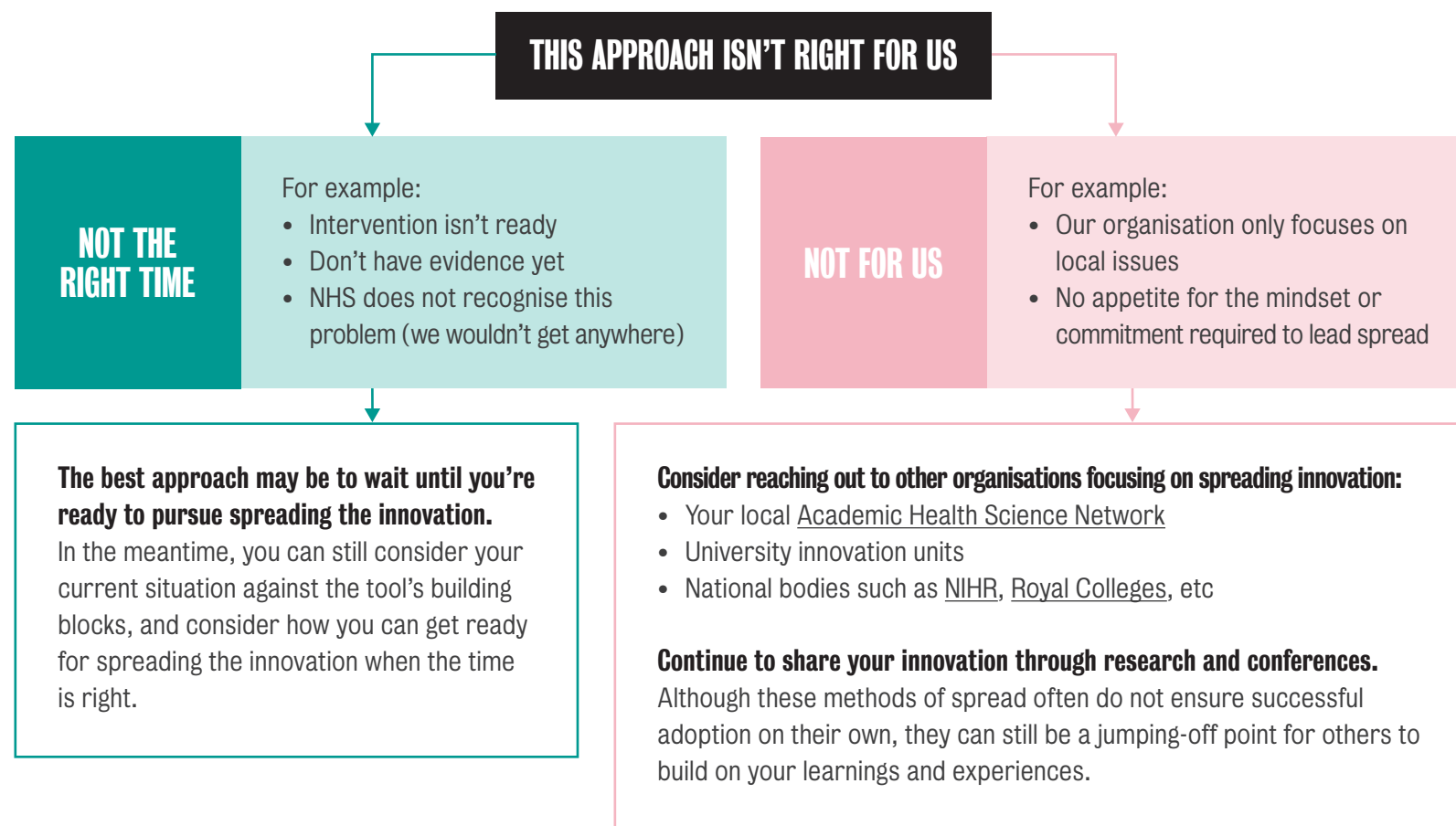
OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

IS THIS APPROACH RIGHT FOR YOU?

We hope this tool has helped you and your team to consider the building blocks you need to put in place for successful spread through a strategic, partnership approach. But it might be that these conversations have made you realise the approach isn't right for your team, or that you are lacking key components. If so, there are still options to consider if you want to spread your intervention.



**SPREADING
HEALTHCARE
INNOVATIONS
IN THE NHS**

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

RESOURCES AND CONTACTS



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

OTHER HELPFUL RESOURCES AND CONTACTS

ARTICLES AND RESOURCES

- *The Social Replication Toolkit*, Spring Impact
- *The spread challenge: How to support the successful uptake of innovations and improvements in health care*, The Health Foundation
- *How can social franchising tackle the spread challenge?* The Health Foundation
- *Our journey towards social franchising*, The Health Foundation
- *NHS Sustainability Model*, Advancing Quality Alliance (AQuA)
- *From pilot project to system solution: innovation, spread and scale for health system leaders*, Shaw, Tepper and Martin
- *The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change*, Chambers, Glasgow and Strange

CONTACT US

For more information about the tool and the Exploring Social Franchising programme, contact:

Spring Impact – info@springimpact.org
The Health Foundation - info@health.org.uk

ORGANISATIONS SUPPORTING THE SPREAD OF HEALTHCARE INNOVATION

- [AHSN Network](#)
- [NHS Innovation Accelerator](#)
- [The Accelerated Access Collaborative](#)
- [National Institute for Health Research](#)

**SPREADING
HEALTHCARE
INNOVATIONS
IN THE NHS**

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

APPENDIX: TEAM PROFILES



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

REDUCING PRESCRIBING ERROR IN PRIMARY CARE

BACKGROUND

The estimated rate of general practice prescribing errors is 5%, with serious errors affecting approximately 1 in 500 of all prescriptions. PINCER is a pharmacist-led, IT-based intervention to reduce clinically important medication errors in primary care, developed and tested by researchers at the Universities of Nottingham, Manchester and Edinburgh. The intervention involves:

- Searching general practice computer systems to identify patients at risk of common medication errors, and using Quality Improvement tools such as Root Cause Analysis to investigate the circumstances that led to the error
- The pharmacist and general practice working together to formulate and implement an action plan to protect patients at risk and address any system issues that are causing errors

Prior to the Exploring Social Franchising programme, with funding from the Health Foundation and East Midlands AHSN, the PINCER Team (including PRIMIS) scaled PINCER to 370 general practices across the East Midlands. Through the programme, PRIMIS sought to lead the national rollout of PINCER.

REPLICATION APPROACH

In 2018, the AHSN Network selected PINCER as one of seven programmes for national rollout. Supported by Spring Impact, the PRIMIS team developed a replication model to support each of the 15 AHSNs in England to implement the intervention, leveraging principles of social franchising. PRIMIS' support to AHSNs included training and implementation support, access to national PINCER indicators and comparative analysis service, and national promotion of the PINCER intervention. Key shifts from the previous rollout included:

- Clarifying the 'red lines' of the intervention that had to be implemented, whilst still allowing room for local adaptation
- Providing extensive, structured training that ensured greater local fidelity
- Clearly defining the roles and responsibilities of PRIMIS, AHSNs and other partners

RESULTS SO FAR: REPLICATING IMPACT

Two years on, by March 2021, the scale and scope of the national rollout of PINCER has reached:

- 107 participating CCGs (79% of CCGs in England)
- 2,755 GP practices (40% of GP practices in England)
- 214,673 at-risk patients identified (equivalent to 8.14 per 1,000 population)

The PRIMIS team has not only been able to successfully spread the intervention to many more practices, but also to replicate the impact of reducing prescribing error.

TEAM PROFILE: PINCER



PRIMIS
Making clinical data work





SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

IMPROVING THE PRIMARY CARE RESPONSE TO DOMESTIC VIOLENCE AND ABUSE

BACKGROUND

Healthcare professionals, especially GPs, are often the first professionals to have contact with women affected by domestic violence and abuse (DVA). The initial reaction a survivor receives, and the subsequent follow-up in the wider system, can have a profound effect on their ability to re-establish their life, health and wellbeing, but practitioners often lack the awareness, skills or time to recognise and respond appropriately to DVA. The Identification and Referral to Improve Safety (IRIS) service is a specialist DVA training, support and referral programme for general practices. The programme is run by IRISi, a social enterprise established to promote and improve the healthcare response to gender violence.

The intervention centres on specialist Advocate Educators and Clinical Leads, who establish links with GP surgeries and train their clinical staff to effectively recognise the signs of DVA among their patients, and refer survivors to the Advocate Educators linked to their practice for specialist advocacy and support. Following a randomised controlled trial between 2007 and 2010, the IRIS intervention had been adopted by around 33 sites prior to IRISi joining the Exploring Social Franchising programme in 2017, but the team faced a number of issues, including inconsistent quality across the network and over-reliance on the support of the central IRISi team.

REPLICATION APPROACH

Supported by Spring Impact, the IRISi team developed a social franchise model for replicating the IRIS intervention, whereby IRISi would form a close relationship with a carefully selected partner. Following comprehensive training and initial support, partners then deliver the model independently, adhering to the clear quality standards for the IRIS programme and retaining an ongoing relationship with IRISi. Key shifts for the IRISi team included:

- Being more selective in partner recruitment, to ensure local partners have both the right values and the capabilities to deliver IRIS successfully
- Forming more directive relationships, clarifying the minimum standards that partners must meet through training and ongoing quality assurance
- Shifting responsibility for implementation and funder relationship management to local partners, reducing reliance on the central team

RESULTS SO FAR: REPLICATING IMPACT

So far, IRISi has piloted this approach with four new sites across England and Wales, with several more in the pipeline. Whilst rollout was significantly disrupted by the COVID-19 pandemic, early indicators suggest that the new model is leading to greater quality of implementation and fidelity of impact.

IRISi will continue to roll out the social franchising approach to spreading IRIS, recruiting new sites and transitioning existing ones.

SPREADING HEALTHCARE INNOVATIONS IN THE NHS

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX

REDUCING PREVENTABLE HARM TO MOTHERS AND BABIES IN MATERNITY CARE



BACKGROUND

Issues with communication, ways of working and a lack of access to the right tools lead to preventable errors in UK maternity care, causing harm to both mothers and babies, and costly maternity litigation. The PROMPT (PRactical Obstetric Multi-Professional Training) programme was developed by a dedicated group of healthcare professionals based in maternity units in the southwest of England, as a result of the positive findings of the SAFE study and associated outcome improvements at Southmead Hospital. PROMPT improves maternity and team-working outcomes by ensuring that teams are equipped with the appropriate knowledge, tools and ways of working together, and is now led by PROMPT Maternity Foundation (PMF), an independent charity.

Prior to joining the Exploring Social Franchising programme, PMF spread PROMPT to maternity units across the UK using a 'Train the Trainer' (T3) approach, reaching around 85% of units by 2017. However, because responsibility for implementation was solely with the local teams, this approach rarely led to authentic implementation. For example, some units encountered significant delays introducing their local PROMPT training, and trusts did not allocate sufficient resources to implement the intervention.

REPLICATION APPROACH

Supported by Spring Impact, the PMF team developed the PROMPT Partnership Programme to enable maternity units to more authentically implement PROMPT and achieve the same outcomes. The Partnership Programme draws on social franchising principles, and involves providing carefully selected maternity units with an enhanced package of initial training and ongoing implementation support. Key shifts for the PMF team included:

- Working with maternity units that are sufficiently committed to implementing PROMPT at both senior and operational levels
- Clarifying that the core of the PROMPT intervention that must be implemented is not just local training: it also addresses the tools, behaviours and working practices within the maternity unit
- Forging a directive, ongoing relationship with partners, and providing clear guidance through the ups and downs of their implementation journey

RESULTS SO FAR: REPLICATING IMPACT

So far, PMF has piloted this approach with five maternity units across England, with early indications of more authentic implementation and impact. Local training days have been implemented quickly at all partner sites, and more local resources have been committed to implementation, including dedicated coordinating teams.

The PMF team will seek to expand the Partnership Programme, but the COVID-19 pandemic has significantly disrupted both local maternity unit training and PMF's operations.



SPREADING HEALTHCARE INNOVATIONS IN THE NHS

IMPROVING HEALTH AND HOUSING OUTCOMES FOR HOMELESS PATIENTS

BACKGROUND

People experiencing homelessness are far more likely to suffer from multiple health conditions and frequently drive high A&E admission rates, but UK hospitals lack coordinated, specialist systems for meeting the specific needs of homeless patients. Pathway is the UK's leading homeless healthcare charity. The Pathway hospital team model brings together multi-disciplinary staff, with clinical and social care expertise, to work alongside other hospital staff to provide specialist care for homeless patients. The teams:

- Identify homeless patients and ensure they have access to the clinical care they need
- Ensure patients have the practical support they need to recover both in and out of hospital, including by coordinating with housing, social care and other relevant agencies to drive more sustainable patient outcomes

Prior to joining the Exploring Social Franchising programme, Pathway had rolled out their model to 10 hospitals across the UK, and sought to further scale their model, but in a way that would be more financially sustainable and reduce reliance on the central staff team.

REPLICATION APPROACH

Supported by Spring Impact, the Pathway team developed a social franchise model whereby Pathway forms franchising relationships in carefully selected areas with local partners. For a fee, Pathway provides a systematic package of initial and ongoing support that enables the local partner to deliver the hospital team model to Pathway's clear guidelines. Key shifts in Pathway's approach included:

- More explicit definition of the minimum requirements for a new hospital team
- A clear fee structure to strengthen financial sustainability
- Providing a more systemised package of upfront support, enabling greater local independence and reducing reliance on the central team

RESULTS SO FAR: REPLICATING IMPACT

Rollout of Pathway's social franchising model has been significantly disrupted by COVID-19, but the team has been able to recruit three [spell out: three] new sites to the social franchising model, and are in the process of transitioning their existing sites to this more systematic way of working.

INTRODUCTION

THE BUILDING BLOCKS

OUR APPROACH

RESOURCES & CONTACTS

APPENDIX